CITY OF SAN DIEGO <u>CY 2004</u> LOBBYIST REGISTRATION FORM

Type or Print in Ink. Complete both sides. File <u>Original</u> with City Clerk.

☐ Check Box if an Amendment

➡ If this is an Initial Registration, enter
DATE QUALIFIED as a Lobbyist: _____

➡ Amount of Registration Fees due with Registration
(see SDMC Section 27.4010): _____

FULL NAME OF LOBBYIST:	BUSINESS PHONE NUMBER: ( )

BUSINESS ADDRESS: (Number and Street)   (City)   (State)   (ZIP)

MAILING ADDRESS: (If different from above)

LOBBYIST'S EMPLOYER (IF APPLICABLE):	BUSINESS PHONE NUMBER: ( )

EMPLOYER'S BUSINESS ADDRESS: (Number and Street)   (City)   (State)   (ZIP)

NATURE AND PURPOSE OF EMPLOYER'S BUSINESS:

CHECK <u>ONE</u> BOX, **and** FILL OUT "CLIENT DISCLOSURE" INFORMATION (CC-1645a) FOR <u>EACH</u> ENTITY YOU ARE REGISTERING:

☐ I am employed by the entity named above to lobby on behalf of that entity <u>only</u>, and therefore am required to pay a "client fee" for that entity. Also, I have completed CC-1645a to disclose information about this entity.

☐ I am employed by the entity named above to lobby on behalf of clients <u>other than</u> that entity, and therefore am <u>not</u> required to pay a "client fee" for that entity. Also, I have completed CC-1645a to disclose information about each client on whose behalf I will be lobbying.

<u>VERIFICATION</u>

By signing the verification below, I certify that I have reviewed and understand the requirements of Division 40, "Municipal Lobbying," of the San Diego Municipal Code.

I have used all reasonable diligence in preparing this Registration. I have reviewed this Registration and to the best of my knowledge the information contained herein is true and complete.

I verify under penalty of California perjury laws that the foregoing is true and correct.

Executed on _____ at _____
           (date)   (city and state)

By _____

(signature of lobbyist)

CC-1645 Rev. 4

CLIENT DISCLOSURE - See SDMC Section 27.4010 for fee information

CLIENT'S NAME:	BUSINESS OR MESSAGE PHONE NUMBER: ( )
CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) (City) (State) (ZIP)	
NATURE AND PURPOSE OF CLIENT'S BUSINESS:	
MUNICIPAL DECISION(S) FOR WHICH LOBBYIST WAS RETAINED TO REPRESENT CLIENT: (If no specific item(s) of Municipal Decision can be identified, describe type(s) of Municipal Decision for which Lobbyist was retained to represent Client.)	

CLIENT'S NAME:	BUSINESS OR MESSAGE PHONE NUMBER: ( )
CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) (City) (State) (ZIP)	
NATURE AND PURPOSE OF CLIENT'S BUSINESS:	
MUNICIPAL DECISION(S) FOR WHICH LOBBYIST WAS RETAINED TO REPRESENT CLIENT: (If no specific item(s) of Municipal Decision can be identified, describe type(s) of Municipal Decision for which Lobbyist was retained to represent Client.)	

CLIENT(S) TO BE DELETED FROM LOBBYIST'S REGISTRATION (check "Amendment" box on p. 1 of form):

NAME:
NAME:

If more space is needed, check box and attach continuation sheet(s).

CC-1645a Rev. 4